



# Report of Contributions and Expenditures For Political Action Committees

(Utah Code Section 20A-11-601)

Name of Organization				Phone Number	
Mountainstar Healthcare Good Government					
Street Address	Suite/Apartment/PO Box:	City	State	Zip	
6985 Union Park Center	500	Cottonwood Heights	UT	84047	
Also known as					

Type of Report (Check the appropriate box)	
INTERIM REPORTS:	YEAR-END REPORT:
<input type="checkbox"/> August 31st	<input checked="" type="checkbox"/> January 10th of every year
<input type="checkbox"/> Seven days before a General Election	
<div style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this report an amendment?</div>	

Report Verification
I, <u>Jody S. Dial</u>
Print Name of Treasurer or Financial Officer
affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge.
<u>Jody S. Dial</u>
Signature of Treasurer or Financial Officer
<u>1/11/2010</u>
Date

<b>To File this Form</b> Mail or deliver to Lieutenant Governor's Office Utah State Capitol, Suite 220 Salt Lake City, UT 84114-2325 (801) 538 - 1133 <b>For More Information</b> Contact the Lieutenant Governor's Office (801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov
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For Office Use Only
<input checked="" type="checkbox"/> Entered _____
<input type="checkbox"/> Copied _____
Date Received

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Name of PAC <b>Mountainstar Healthcare G</b>	
Date of Report <b>1/11/2010</b>	

## Summary Page

(Complete this page after filling out all Schedule A and Schedule B forms)

REPORTING PERIOD DETAILS			
Report: <b>Year End</b>			
Beginning Date: <b>8/27/2009</b>			
Ending Date: <b>12/31/2009</b>			
Due Date: <b>1/11/2010</b>			
BALANCE SUMMARY			YEAR TO DATE
<b>1</b>	Balance at Beginning of Reporting Period (Refer to line 5 of last report)	<b>\$227.01</b>	
<b>2</b>	Total Contributions Received (See Schedule A)	<b>\$101,100.00</b>	<b>\$101,100.00</b>
<b>3</b>	Subtotal (Add lines 1 & 2)	<b>\$101,327.01</b>	
<b>4</b>	Total Expenditures Made (See Schedule B)	<b>\$0.00</b>	<b>\$8,000.00</b>
<b>5</b>	Ending Balance (Subtract Line 3 from Line 4)	<b>\$101,327.01</b>	

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Name of PAC <b>Mountainstar Healthcare G</b>	
Date of Report <b>1/11/2010</b>	

## Schedule A

### Itemized Contributions Received

I = In Kind, L = Loan, A = Amendment

Date Received	Name of Contributor	Complete Mailing Address	I	L	A	Contribution Amount
9/29/2009	Becky Edwards	1121 Eaglewood Loop North Salt Lake, UT 84054				\$300.00
9/29/2009	Brad King	635 North 500 East Price, UT 84501				\$500.00
9/29/2009	Christine Watkins	1548 E 5700 South Price, UT 84501				\$300.00
10/22/2009	Brigham City Community Hospital	950 South 5th W Brigham City, UT 84032				\$3,114.93
10/22/2009	Lakeview Hospital	630 East Medical Drive Bountiful, UT 84010				\$12,952.05
10/22/2009	Mountain View Hospital	1000 East Highway 6 Payson, UT 84651				\$9,187.91
10/22/2009	Ogden Regional Medical Center	5475 South 500 E Ogden, UT 84405				\$21,797.69
10/22/2009	St Marks Hospital	1200 East 3900 S Salt Lake City, AL 84124				\$42,503.96
10/22/2009	Timpanogos Regional Hospital	None Unknown, UT 99999				\$10,443.46
<b>SUB TOTAL FOR THIS PAGE</b>						<b>\$101,100.00</b>
<b>TOTAL CONTRIBUTIONS RECEIVED</b>						<b>\$101,100.00</b>

Total Contributions Received on this page is the sum of this page and previous pages subtotals

Attach additional pages if needed